

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **DONNA GUTHRIE**

Name

(2) **401 SW 31 ST AVE**

Address (number and street)

FORT LAUDERDALE FL 33312

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 15 To 01 / 09 / 15 Report Type: _____

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 250 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 991 . 55

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 11 , 129 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 6 , 407 . 72

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) **SAME**

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

x Same
Signature

(Type name) **Donna Guthrie**

☒ Candidate ☐ Chairperson (only for PC and PTY)

x [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donna Guthrie (2) I.D. Number _____

(3) Cover Period 01 / 01 / 2015 through 01 / 09 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
01 / 02 / 15	Goldson, Fidel 707 Bentwood Dr. Lewisville, Texas 75067		Doctor	CHE			\$150.00
01 / 02 / 15	Johnson, Godfrey 600 Arizona Ave Fort Lauderdale Fl 33312			CAS			50.00
01 / 02 / 15	Hume, Iona 420 Pennsylvania Ave Fort Lauderdale Fl 33312			CAS			\$50.00
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/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Guthrie

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 15 through 01 / 09 / 15

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
01 / 06 / 15	Citibank 8400 WBroward Bvd Plantation Fl 33324		CAN		\$17.00
01 / 08 / 15	K Bakash 2707 NW 18th Street Pompano Beach Fl 33069		CAN		\$950
01 / 07 / 15	Sav-Quick printing 410 E Hallandale Beach Blvd Hallandale Fl 33009		CAN		\$12.55
01 / 06 / 15	Constant Contact 1601 Trapelo Road Waltham MA02451		CAN		\$12.00
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